

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						INITIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	4					51					
2	1	1					52					
3	1	1					53					
4	1	1					54					
5	1	1					55					
6	1	1					56					
7	1	1					57					
8	1	1					58					
9	1	1					59					
10	1	1					60					
11	1	1					61					
12	1	1					62					
13	1	1					63					
14	1	1					64					
15	1						65					
16	1	1					66					
17	1	1					67					
18	1	1					68					
19	1						69					
20	1						70					
21	1	CD					71					
22	1	CD					72					
23	1						73					
24	1	CD					74					
25	1						75					
26	1	1					76					
27	1						77					
28	1	1					78					
29	1						79					
30	1	1					80					
31	1	1					81					
32	1						82					
33	1	1					83					
34	1	1					84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	30						TOTAL DEP.					
TOTAL CLMNS	34						TOTAL CLAIMS					

BEST AVAILABLE COPY